

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DIST. OF NORTH CAROLINA

Case number (if known): _____

Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Timothy

First Name

Earle

Middle Name

Newell

Last Name

Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

Christie

First Name

Dianne

Middle Name

Newell

Last Name

Suffix (Sr., Jr., II, III)

Christie

First Name

Rochester

Middle Name

Newell

Last Name

2. All other names you have used in the last 8 years

Include your married or maiden names.

First Name

Middle Name

Last Name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 9 8 1 4

OR

9xx - xx - _____

xxx - xx - 2 8 0 3

OR

9xx - xx - _____

Debtor 1 **Timothy Earle Newell**
 Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and doing business as names

About Debtor 1:

I have not used any business names or EINs.

Business name _____

Business name _____

Business name _____

EIN _____

EIN _____

About Debtor 2 (Spouse Only in a Joint Case):

I have not used any business names or EINs.

Business name _____

Business name _____

Business name _____

EIN _____

EIN _____

5. Where you live

3827 Helmsville Road

Number Street _____

Monroe

City _____

NC

State _____

28110

ZIP Code _____

Union

County _____

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street _____

P.O. Box _____

City _____

State _____

ZIP Code _____

Number Street _____

P.O. Box _____

City _____

State _____

ZIP Code _____

6. Why you are choosing this district to file for bankruptcy

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one: (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7

Chapter 11

Chapter 12

Chapter 13

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

8. How you will pay the fee

I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No
 Yes.

District WDNC-Charlotte (Ch. 13)- Dismissed When 12/03/2015 Case number 15-31920
MM / DD / YYYY

District WDNC-Charlotte (Ch. 13)- Dismissed When 05/05/2017 Case number 17-30734
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No
 Yes.

Debtor _____ Relationship to you _____

District _____ When _____ Case number, _____
MM / DD / YYYY if known

Debtor _____ Relationship to you _____

District _____ When _____ Case number, _____
MM / DD / YYYY if known

11. Do you rent your residence?

No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you?
 No. Go to line 12.
 Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.
 Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

No. I am not filing under Chapter 11.
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No
 Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City State ZIP Code

Debtor 1 **Timothy Earle Newell**
 Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. **What kind of debts do you have?**

16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.
 Yes. Go to line 17.

16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer or business debts.

17. **Are you filing under Chapter 7?**

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

No. I am not filing under Chapter 7. Go to line 18.
 Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

No
 Yes

18. **How many creditors do you estimate that you owe?**

<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

19. **How much do you estimate your assets to be worth?**

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input checked="" type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

20. **How much do you estimate your liabilities to be?**

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input checked="" type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Timothy Earle Newell

Timothy Earle Newell, Debtor 1

Executed on **12/13/2018**

MM / DD / YYYY

X /s/ Christie Dianne Newell

Christie Dianne Newell, Debtor 2

Executed on **12/13/2018**

MM / DD / YYYY

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X /s/ Marcus D. Crow

Signature of Attorney for Debtor

Date **12/13/2018**

MM / DD / YYYY

Marcus D. Crow

Printed name

Crow Law Firm

Firm Name

315 B North Main Street

Number Street

Monroe

City

NC

State

28112

ZIP Code

Contact phone **(704) 283-1175**

Email address **marcuscrow@crowlawfirm.com**

27774

Bar number

State

Fill in this information to identify your case and this filing:

Debtor 1	<u>Timothy</u> First Name	<u>Earle</u> Middle Name	<u>Newell</u> Last Name
Debtor 2 (Spouse, if filing)	<u>Christie</u> First Name	<u>Dianne</u> Middle Name	<u>Newell</u> Last Name
United States Bankruptcy Court for the: <u>WESTERN DIST. OF NORTH CAROLINA</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

1.1.

4006 Secret Shortcut Road

Street address, if available, or other description

Monroe **NC** **28110**

City State ZIP Code

Union
County

**House and lot known as 4006 Secret
Shortcut Road, Monroe, NC**

What is the property?

Check all that apply.

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Who has an interest in the property?
Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

**Other information you wish to add about this item, such as local
property identification number:** 09295010B

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the
entire property?** **Current value of the
portion you own?**

\$177,000.00 \$177,000.00

**Describe the nature of your ownership
interest (such as fee simple, tenancy by the
entireties, or a life estate), if known.**

Tenants in Common

Check if this is community property
(see instructions)

House and lot known as 4006 Secret Shortcut Road, Monroe, NC 28110, owned as tenancy in common property between Timothy Newell and wife, Christie Newell and Nicholas Rochester and wife, Doris Rochester. Market value is based on debtor's self appraisal of \$177,000.00, which was the short sale offer amount in April, 2018 when debtors had the house for sale. Union County tax appraisal is \$160,000.00. Debtors surrender their interest in the real property and consent to relief from stay.

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any
entries for pages you have attached for Part 1. Write that number here.....

\$177,000.00

Debtor 1 **Timothy Earle Newell**
 Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

3.1.

Make: Pontiac
 Model: G6 Sedan 4D (4 Cyl.)
 Year: 2008
 Approximate mileage: 179,000

Other information:

2008 Pontiac G6 Sedan 4D (4 Cyl.), power sunroof, over 179,000 miles. VIN# 1G2ZG57B084186493. Market value is based on NADA average trade-in value of \$1,650.00.

Who has an interest in the property?

Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$1,650.00

Current value of the portion you own?

\$1,650.00

Check if this is community property
 (see instructions)

3.2.

Make: Dodge
 Model: Durango Utility 4D S
 Year: 1998
 Approximate mileage: 331,000

Other information:

1998 Dodge Durango Utility 4D SLT (4WD), over 331,000 miles. VIN# 1B4HS28Y2WF220875. Market value is based on debtors' self appraisal of \$1,000.00.

Who has an interest in the property?

Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$1,000.00

Current value of the portion you own?

\$1,000.00

Check if this is community property
 (see instructions)

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here. →

\$2,650.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe..... **Refrigerator, stove, microwave, dishwasher, table and chairs, washer and dryer (\$1,000.00), living room suite (\$200.00), 3 bedroom suites (\$400.00)**

\$1,600.00

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe..... **4 televisions, laptop, 3 cell phones, tablet (\$700.00)**

\$700.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe..... **See continuation page(s).**

\$800.00

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe..... **Clothes**

\$300.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe..... **Wedding bands, costume jewelry (\$500.00)**

\$500.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....

\$3,900.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes.....

Cash:

Debtor 1 **Timothy Earle Newell**
 Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes.....

Institution name:

17.1. Checking account:	Joint checking acct at Wells Fargo Bank (Acct# 8189) with \$0.00.	\$0.00
17.2. Savings account:	Joint savings acct at Wells Fargo Bank (Acct# 7678) with \$2.00.	\$2.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No

Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them.....

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.

Type of account: Institution name:

401(k) or similar plan: **Husband has a 401(k) through his employment with The Carolinas Healthcare System (now Atrium Healthcare) with \$6,945.35.**

\$6,945.35

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes.....

Institution name or individual:

Security deposit on rental unit: **Security deposit on rental unit in the amount of \$1,500.00. Debtors do not know if or when they will receive any of the deposit back when the lease ends in December, 2020.**

\$1,500.00

23. Annuities (A contract for a specific periodic payment of money to you, either for life or for a number of years)

No

Yes.....

Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No
 Yes. Give specific information about them

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No
 Yes. Give specific information about them

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No
 Yes. Give specific information about them

Money or property owed to you?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal: Debtors do not expect to receive any 2018 Federal or State tax refunds based on their 2017 Federal and state tax returns. Amt: \$1.00

Federal: \$1.00
State: \$0.00
Local: \$0.00

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No
 Yes. Give specific information

Alimony: _____
Maintenance: _____
Support: _____
Divorce settlement: _____
Property settlement: _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No
 Yes. Give specific information

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No
 Yes. Name the insurance company of each policy and list its value.....

Company name:

Beneficiary:

Surrender or refund value:

Husband has a \$500,000.00 term life insurance policy through his employment with Atrium Healthcare. No cash value. Wife is the beneficiary.

Wife

\$0.00

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

No
 Yes. Give specific information _____

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No
 Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No
 Yes. Describe each claim.....

35. Any financial assets you did not already list

No
 Yes. Give specific information _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here..... → \$8,448.35

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.
 Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

No
 Yes. Describe... _____

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No
 Yes. Describe... _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No
 Yes. Describe... _____

41. Inventory

No
 Yes. Describe... _____

42. Interests in partnerships or joint ventures

No
 Yes. Describe..... Name of entity:

% of ownership:

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

43. Customer lists, mailing lists, or other compilations

No
 Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?
 No
 Yes. Describe.....

44. Any business-related property you did not already list

No
 Yes. Give specific information.

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here..... → \$0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

No
 Yes....

48. Crops--either growing or harvested

No
 Yes. Give specific information.....

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No
 Yes....

50. Farm and fishing supplies, chemicals, and feed

No
 Yes....

51. Any farm- and commercial fishing-related property you did not already list

No
 Yes. Give specific information.....

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... → \$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No
 Yes. Give specific information.

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

54. Add the dollar value of all of your entries from Part 7. Write that number here..... → \$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2..... → \$177,000.00

56. Part 2: Total vehicles, line 5 \$2,650.00

57. Part 3: Total personal and household items, line 15 \$3,900.00

58. Part 4: Total financial assets, line 36 \$8,448.35

59. Part 5: Total business-related property, line 45 \$0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

61. Part 7: Total other property not listed, line 54 \$0.00

+ \$0.00

62. Total personal property. Add lines 56 through 61..... \$14,998.35 Copy personal property total → + \$14,998.35

63. Total of all property on Schedule A/B. Add line 55 + line 62..... \$191,998.35

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

10. Firearms (details):

Smith and Wesson 40 caliber MMP pistol. Self value \$300.00	\$300.00
Taurus 380 pistol (\$100.00), Stevens 20 gauge shotgun (\$100.00), 410 bolt action shotgun rifle (\$100.00), Remington 22 rifle (\$100.00), Wathier PK380 pistol (\$100.00)	\$500.00

Fill in this information to identify your case:

Debtor 1	Timothy First Name	Earle Middle Name	Newell Last Name
Debtor 2 (Spouse, if filing)	Christie First Name	Dianne Middle Name	Newell Last Name

United States Bankruptcy Court for the: **WESTERN DIST. OF NORTH CAROLINA**

Case number
(if known) _____

Check if this is an
amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
---	--	--------------------------------------	------------------------------------

Brief description:	\$1,650.00	<input checked="" type="checkbox"/> \$1,650.00	N.C. Gen. Stat. § 1C-1601(a)(3)
2008 Pontiac G6 Sedan 4D (4 Cyl.) (approx. 179,000 miles)		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

2008 Pontiac G6 Sedan 4D (4 Cyl.), power sunroof, over 179,000 miles. VIN# 1G2ZG57B084186493. Market value is based on NADA average trade-in value of \$1,650.00.	Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption</i>
---	--	--

Line from *Schedule A/B*: 3.1

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Debtor 1 **Timothy Earle Newell**
 Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Brief description: 1998 Dodge Durango Utility 4D SLT (approx. 331,000 miles)	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(2)
1998 Dodge Durango Utility 4D SLT (4WD), over 331,000 miles. VIN# 1B4HS28Y2WF220875. Market value is based on debtors' self appraisal of \$1,000.00.			
Line from Schedule A/B: <u>3.2</u>			
Brief description: Refrigerator, stove, microwave, dishwasher, table and chairs, washer and dryer (\$1,000.00), living room suite (\$200.00), 3 bedroom suites (\$400.00)	<u>\$1,600.00</u>	<input checked="" type="checkbox"/> <u>\$1,600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(4)
Line from Schedule A/B: <u>6</u>			
Brief description: 4 televisions, laptop, 3 cell phones, tablet (\$700.00).	<u>\$700.00</u>	<input checked="" type="checkbox"/> <u>\$700.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(4)
Line from Schedule A/B: <u>7</u>			
Brief description: Smith and Wesson 40 caliber MMP pistol. Self value \$300.00	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(4)
Line from Schedule A/B: <u>10</u>			
Brief description: Taurus 380 pistol (\$100.00), Stevens 20 gauge shotgun (\$100.00), 410 bolt action shotgun rifle (\$100.00), Remington 22 rifle (\$100.00), Wathier PK380 pistol (\$100.00)	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(2)
Line from Schedule A/B: <u>10</u>			
Brief description: Clothes	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(4)
Line from Schedule A/B: <u>11</u>			
Brief description: Wedding bands, costume jewelry (\$500.00)	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(4)
Line from Schedule A/B: <u>12</u>			
Brief description: Joint savings acct at Wells Fargo Bank (Acct# 7678) with \$2.00.	<u>\$2.00</u>	<input checked="" type="checkbox"/> <u>\$2.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(2)
Line from Schedule A/B: <u>17.2</u>			

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption</i>	
Brief description: Husband has a 401(k) through his employment with The Carolinas Healthcare System (now Atrium Healthcare) with \$6,945.35.	<u>\$6,945.35</u>	<input checked="" type="checkbox"/> <u>\$6,945.35</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Patterson vs. Shumate, ERISA Qualified Plan
Line from <i>Schedule A/B</i> : <u>21</u>			
Brief description: Security deposit on rental unit in the amount of \$1,500.00. Debtors do not know if or when they will receive any of the deposit back when the lease ends in December, 2020.	<u>\$1,500.00</u>	<input checked="" type="checkbox"/> <u>\$1,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(2)
Line from <i>Schedule A/B</i> : <u>22</u>			
Brief description: Debtors do not expect to receive any 2018 Federal or State tax refunds based on their 2017 Federal and state tax returns.	<u>\$1.00</u>	<input checked="" type="checkbox"/> <u>\$1.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(2)
Line from <i>Schedule A/B</i> : <u>28</u>			

Fill in this information to identify your case:

Debtor 1	<u>Timothy</u> First Name	<u>Earle</u> Middle Name	<u>Newell</u> Last Name
Debtor 2 (Spouse, if filing)	<u>Christie</u> First Name	<u>Dianne</u> Middle Name	<u>Newell</u> Last Name
United States Bankruptcy Court for the: WESTERN DIST. OF NORTH CAROLINA			
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

<i>Column A</i> Amount of claim Do not deduct the value of collateral	<i>Column B</i> Value of collateral that supports this claim	<i>Column C</i> Unsecured portion If any
--	--	---

2.1	Describe the property that secures the claim:	\$169,214.78	\$177,000.00
-----	--	---------------------	---------------------

Pacific Union Financial
Creditor's name
Bankruptcy Department
Number Street
1603 LBJ FWY, Suite 500

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim relates to a community debt

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset)

First Deed of Trust on Residence

Date debt was incurred _____ Last 4 digits of account number X X X X

First mortgage on house and lot known as 4006 Secrest Shortcut Road, Monroe, NC 28110. Debtors surrender their interest in the real property and consent to relief from stay.

Add the dollar value of your entries in Column A on this page. Write that number here:

\$169,214.78

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Additional Page

After listing any entries on this page, number them sequentially from the previous page.

Part 1:	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
---------	---	---	--

2.2

Describe the property that secures the claim:

\$21,973.92

\$177,000.00

US Dept. of HUD

Creditor's name

451 7th Street SW

Number Street

As of the date you file, the claim is: Check all that apply.

Washington DC 20410
City State ZIP Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset)

Mortgage

Date debt was incurred _____

Last 4 digits of account number **8 2 0 5**

Second mortgage house and lot known as 4006 Secrest Shortcut Road, Monroe, NC 28110. Debtor surrender their interest in the real property and consent to relief from stay.

Add the dollar value of your entries in Column A on this page. Write that number here:

\$21,973.92

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$191,188.70

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

1

Brock & Scott PLLC

Name
5431 Oleander Dr, Ste 200

Number Street

On which line in Part 1 did you enter the creditor? _____

2.1

Last 4 digits of account number _____

Wilmington

City

NC 28403

State ZIP Code

2

Novad Management Consulting

Name
Attn: Bankruptcy Department

Number Street

2401 NW 23rd Street, Suite 1A1

On which line in Part 1 did you enter the creditor? _____

2.2

Last 4 digits of account number _____

Oklahoma City

City

OK 73107

State ZIP Code

Fill in this information to identify your case:

Debtor 1	<u>Timothy</u> First Name	<u>Earle</u> Middle Name	<u>Newell</u> Last Name
Debtor 2 (Spouse, if filing)	<u>Christie</u> First Name	<u>Dianne</u> Middle Name	<u>Newell</u> Last Name
United States Bankruptcy Court for the: WESTERN DIST. OF NORTH CAROLINA			
Case number (if known)			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.

Total claim	Priority amount	Nonpriority amount
\$238.70	\$238.70	\$0.00

2.1

Internal Revenue Service

Priority Creditor's Name

Centralized Insolvency Operations

Number Street

PO Box 7346

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

2016 Federal Income Tax liability

Debtor 1 **Timothy Earle Newell**
 Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 1: Your PRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.2 _____ **\$5,897.00** _____ **\$5,897.00** _____ **\$0.00**

Internal Revenue Service

Priority Creditor's Name

Centralized Insolvency Operations

Number Street
PO Box 7346

Last 4 digits of account number

_____ - _____ - _____ - _____

When was the debt incurred?

Philadelphia PA 19101-7346
 City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were
 intoxicated
 Other. Specify _____

Is the claim subject to offset?

No
 Yes

2017 Federal Income Tax Liability

2.3 _____ **\$2,519.00** _____ **\$2,519.00** _____ **\$0.00**

NC Dept. of Revenue

Priority Creditor's Name

Bankruptcy Unit

Number Street
PO Box 1168

Last 4 digits of account number

_____ - _____ - _____ - _____

When was the debt incurred?

Raleigh NC 27602-1168
 City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Domestic support obligations

Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were
 intoxicated
 Other. Specify _____

Is the claim subject to offset?

No
 Yes

2017 NC State Income tax liability

Debtor 1 **Timothy Earle Newell**
 Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

Total claim

4.1

Allvac Savings and Credit Union

Nonpriority Creditor's Name

2020 Ashcraft Avenue

Number Street

Last 4 digits of account number **X X X X**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Loan of Money

Monroe NC 28110

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Loan of money

4.2

\$1,670.77

AT&T Mobility

Nonpriority Creditor's Name

c/o Karen Cavagnaro, Lead Paralegal

Number Street

One AT&T Way, Suite 3A104

Last 4 digits of account number **0 6 0 2**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Services

Bedminster NJ 07921

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Services

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.3		\$21,027.91	
Atrium Healthcare System Nonpriority Creditor's Name P.O. Box 32861 Number Street		Last 4 digits of account number <u>5 3 6 2</u> When was the debt incurred?	
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Charlotte NC 28232-2816 City State ZIP Code		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Overdraft	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Medical services 4.4 \$2.00			
Carolina Cooperative Credit Union Nonpriority Creditor's Name 6502 McMahon Drive Number Street		Last 4 digits of account number <u>X X X X</u> When was the debt incurred?	
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Charlotte NC 28226 City State ZIP Code		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Overdraft	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Overdraft			

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.5	Carolina Neurosurgery & Spine	Last 4 digits of account number <u>2 1 1 6</u>	\$180.00
Nonpriority Creditor's Name 225 Baldwin Ave.		When was the debt incurred?	
Number	Street	As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify Medical Services			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
Medical services			
4.6	Carolina Pathology Group	Last 4 digits of account number <u>1 5 3 0</u>	\$363.00
Nonpriority Creditor's Name 1000 Blythe Blvd		When was the debt incurred?	
Number	Street	As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify Medical Services			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
Medical services			

Debtor 1 **Timothy Earle Newell**
 Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.7	Carolinas Healthcare System Faculty Nonpriority Creditor's Name PO Box 32861 Number Street _____ _____ Charlotte NC 28232 City State ZIP Code	\$177.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Medical services 4.8		\$177.00
Carolinas Healthcare System- Faculty Nonpriority Creditor's Name P.O. Box 32861 Number Street _____ Charlotte NC 28232-2816 City State ZIP Code		Last 4 digits of account number 2 7 1 4 When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Medical services		

Debtor 1 **Timothy Earle Newell**
 Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.9	Carolinas Healthcare System- Pineville Nonpriority Creditor's Name PO Box 32861 Number Street Charlotte NC 28232 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Medical services	\$3,149.00
<p>Last 4 digits of account number <u>6 4 8 2</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services</p>		
<p>4.10</p> <p>Carolinas Healthcare- Union Nonpriority Creditor's Name PO Box 5003 Number Street Monroe NC 28111-5003 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Medical services</p>		\$1,463.00
<p>Last 4 digits of account number <u>3 4 9 9</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services</p>		

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.11

\$1,114.00

Carolinas Healthcare- Union

Nonpriority Creditor's Name

PO Box 5003

Number Street

Last 4 digits of account number 8 0 4 5

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Monroe NC 28111-5003

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Medical services

4.12

\$126.00

Carolinas Physicians Network

Nonpriority Creditor's Name

PO Box 70826

Number Street

Last 4 digits of account number 5 4 1 3

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Charlotte NC 28272-0826

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Medical services

Debtor 1 **Timothy Earle Newell**
 Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.13

\$873.00

Carolinas Physicians Network

Nonpriority Creditor's Name

PO Box 70826

Number Street

Last 4 digits of account number 8 0 6 7

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Charlotte NC 28272-0826

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Medical services

4.14

\$115.00

Charlotte Radiology

Nonpriority Creditor's Name

P. O. Box 30488

Number Street

Last 4 digits of account number X X X X

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Charlotte NC 28230-0488

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Medical services

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.15

\$305.00

Charlotte Radiology

Nonpriority Creditor's Name
P. O. Box 30488

Number Street

Last 4 digits of account number X X X X

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Charlotte **NC** **28230-0488**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Medical services

4.16

\$102.00

Dove Internal Medicine

Nonpriority Creditor's Name
PO Box 70826

Number Street

Last 4 digits of account number 5 1 3 9

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Charlotte **NC** **28272**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Medical services

Debtor 1 **Timothy Earle Newell**
 Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.17

\$355.56

Frontier Communications

Nonpriority Creditor's Name

19 John Street

Number Street

Last 4 digits of account number **X X X X**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Middletown NY 10940

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Services

4.18

\$1,385.00

HSBC Bank USA/Bowflex

Nonpriority Creditor's Name

c/o Resurgent Capital Services

Number Street

PO Box 19008

Last 4 digits of account number **X X X X**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Greenville SC 29602

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Purchases

Debtor 1 **Timothy Earle Newell**
 Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.19

\$632.29

Instride Foot and Ankle of Carolinas

Nonpriority Creditor's Name

1630 Campus Park Dr # A

Number Street

Last 4 digits of account number **X X X X**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Monroe NC 28112

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Medical services

4.20

\$263.00

IPC of North Carolina

Nonpriority Creditor's Name

PO Box 513719

Number Street

Last 4 digits of account number **4 9 7 4**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Los Angeles CA 90051

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Medical services

Debtor 1 **Timothy Earle Newell**
 Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.21

\$0.00

Jefferson Capital Systems, LLC

Nonpriority Creditor's Name

PO Box 7999

Number Street

Last 4 digits of account number **X X X X**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

St. Cloud MN 56302-9617

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Possible deficiency balance on a 2013 Ford Escape Utility 4D SE VIN# 1FMCUOGX6DU48669 which was repossessed in September, 2018.

4.22

\$41.00

Mecklenburg Radiology Associates, PA

Nonpriority Creditor's Name

P. O. Box 221249

Number Street

Last 4 digits of account number **X X X X**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Charlotte NC 28222-1249

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Medical services

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Medical Services**

Debtor 1 **Timothy Earle Newell**
 Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.23

\$10,000.00

Santander Consumer USA Inc.

Nonpriority Creditor's Name
P.O. Box 961245

Number Street

Last 4 digits of account number **X X X X**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Fort Worth TX 76161-1245

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Deficiency balance on a note secured by a lien on a 2008 Dodge Grand Caravan SXT 3.8L (V6), VIN# 2D8HN54P48R814339, which was repossessed in September 2018.

4.24

\$138.00

Sports Medicine & Injury Care

Nonpriority Creditor's Name
PO Box 70826

Number Street

Last 4 digits of account number **X X X X**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Charlotte NC 28272

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Medical services

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.25

\$1,198.00

Sprint Bankruptcy Dept.

Nonpriority Creditor's Name

404 Brock Dr.

Number Street

Last 4 digits of account number **X X X X**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Bloomington IL 61701

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Services

4.26

\$250.00

Surgical Specialists of Charlotte, PA

Nonpriority Creditor's Name

PO Box 33369

Number Street

Last 4 digits of account number **X X X X**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Charlotte NC 28233

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Medical services

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.27

\$106.00

The Sanger Clinic

Nonpriority Creditor's Name

PO Box 70826

Number Street

Last 4 digits of account number 5 8 4 0

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Charlotte NC 28272

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Medical services

4.28

\$362.00

Union Pulmonary and Sleep Specialist

Nonpriority Creditor's Name

PO Box 70826

Number Street

Last 4 digits of account number 2 2 2 6

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Charlotte NC 28272

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Medical services

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.29

\$258.00

Urgent Care- Union West
Nonpriority Creditor's Name
6030 W. Highway 74, Suite A
Number Street

Last 4 digits of account number 6 5 7 8

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Indian Trail **NC** **28079**
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Medical services

4.30

\$1,584.39

Verizon Wireless
Nonpriority Creditor's Name
c/o American Infosource, LP
Number Street
4515 N. Santa Fe Ave.

Last 4 digits of account number X X X X

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Oklahoma City **OK** **73118**
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Services

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

City of Monroe Tax

Name **P. O. Box 69**
Number Street _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Monroe NC 28111-0069
City State ZIP Code

Last 4 digits of account number _____

Notice Only

Enhanced Recovery Company, LLC

Name **8014 Bayberry Rd.**
Number Street _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Jacksonville FL 32256-7412
City State ZIP Code

Last 4 digits of account number _____

Equifax Credit Inf. Serv., Inc

Name **P.O. Box 740241**
Number Street _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
Required Notification Part 2: Creditors with Nonpriority Unsecured Claims

Atlanta GA 30374
City State ZIP Code

Last 4 digits of account number _____

Experian, Inc.

Name **P. O. Box 9701**
Number Street _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
Required Notification Part 2: Creditors with Nonpriority Unsecured Claims

Allen TX 75013
City State ZIP Code

Last 4 digits of account number _____

Financial Data Systems, LLC

Name **PO Box 688**
Number Street _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Wrightsville Beach NC 28480
City State ZIP Code

Last 4 digits of account number _____

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

H&R Accounts

Name **5320 22nd Avenue**
Number Street
City _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.11 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Moline **IL** **61265**
City State ZIP Code

Last 4 digits of account number _____

H&R Accounts

Name **5320 22nd Avenue**
Number Street
City _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Moline **IL** **61265**
City State ZIP Code

Last 4 digits of account number _____

I. C. System, Inc.

Name **444 East Highway 96**
Number Street
P. O. Box 64886
City _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.20 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Saint Paul **MN** **55164-0886**
City State ZIP Code

Last 4 digits of account number _____

Internal Revenue Service

Name **Centralized Insolvency Operations**
Number Street
PO Box 7346
City _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
Required Notification Part 2: Creditors with Nonpriority Unsecured Claims

Philadelphia **PA** **19101-7346**
City State ZIP Code

Last 4 digits of account number _____

Koss Lieberman & Stone

Name **PO Box 565**
Number Street
City _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.19 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Morrisville **NC** **27560**
City State ZIP Code

Last 4 digits of account number _____

Medicredit

Name **PO Box 1629**
Number Street
City _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.24 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Maryland Heights **MO** **63043**
City State ZIP Code

Last 4 digits of account number _____

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

NC Dept. of Revenue

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Bankruptcy Unit, Dept of Revenue

Number Street

PO Box 1168

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
Required Notification Part 2: Creditors with Nonpriority Unsecured Claims

Raleigh **NC** **27602-1168**
City State ZIP Code

Last 4 digits of account number _____

Optimum Outcomes

Name _____

PO Box 58015

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Raleigh **NC** **27658**
City State ZIP Code

Last 4 digits of account number _____

Optimum Outcomes

Name _____

PO Box 58015

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Raleigh **NC** **27658**
City State ZIP Code

Last 4 digits of account number _____

Paragon Revenue Group

Name _____

216 Le Phillip Court

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.27** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Concord **NC** **28025**
City State ZIP Code

Last 4 digits of account number _____

Paragon Revenue Group

Name _____

216 Le Phillip Court

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Concord **NC** **28025**
City State ZIP Code

Last 4 digits of account number _____

Paragon Revenue Group

Name _____

216 Le Phillip Court

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Concord **NC** **28025**
City State ZIP Code

Last 4 digits of account number _____

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

PMAB, Inc.

Name
P. O. Box 12150
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Charlotte **NC** **28220**
City State ZIP Code

Last 4 digits of account number _____

Receivables Performance Management

Name
20816 44th Avenue W
Number Street
Suite 100

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Lynnwood **WA** **98036**
City State ZIP Code

Last 4 digits of account number _____

SCA Collections

Name
PO Box 876
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Greenville **NC** **27835**
City State ZIP Code

Last 4 digits of account number _____

Sprint

Name
PO Box 8077
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.25 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

London **KY** **40742**
City State ZIP Code

Last 4 digits of account number _____

Stern Recovery Services, Inc.

Name
415 N. Edgeworth St., Ste. 210
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.26 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Greensboro **NC** **27401**
City State ZIP Code

Last 4 digits of account number _____

Stern Recovery Services, Inc.

Name
415 N. Edgeworth St., Ste. 210
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Greensboro **NC** **27401**
City State ZIP Code

Last 4 digits of account number _____

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Stern Recovery Services, Inc.

Name
415 N. Edgeworth St., Ste. 210
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.15 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City **Greensboro** State **NC** ZIP Code **27401**

Last 4 digits of account number _____

Stern Recovery Services, Inc.

Name
415 N. Edgeworth St., Ste. 210
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City **Greensboro** State **NC** ZIP Code **27401**

Last 4 digits of account number _____

Surgical Specialists of Charlotte, PA

Name
1918 Randolph Rd, Ste 130
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.26 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City **Charlotte** State **NC** ZIP Code **28207**

Last 4 digits of account number _____

The Charlotte-Meck Hosp. Auth.

Name
PO Box 71108
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City **Charlotte** State **NC** ZIP Code **28272-1108**

Last 4 digits of account number _____

Trans Union

Name
P.O. Box 1000
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
Required Notification Part 2: Creditors with Nonpriority Unsecured Claims

City **Chester** State **PA** ZIP Code **19022**

Last 4 digits of account number _____

Union County Tax Collector

Name
P. O. Box 38
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City **Monroe** State **NC** ZIP Code **28111-0038**

Last 4 digits of account number _____

Notice Only

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Union Pulmonary and Sleep

On which entry in Part 1 or Part 2 did you list the original creditor?

Name **1550 Faulk St., Suite 3120**
Number Street _____

Line 4.28 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Monroe **NC** **28112**
City _____ State _____ ZIP Code _____

Last 4 digits of account number _____

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

	Total claim
Total claims from Part 1	
6a. Domestic support obligations	6a. <u>\$0.00</u>
6b. Taxes and certain other debts you owe the government	6b. <u>\$8,654.70</u>
6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
6e. Total. Add lines 6a through 6d.	6d. <u>\$8,654.70</u>

	Total claim
Total claims from Part 2	
6f. Student loans	6f. <u>\$0.00</u>
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$48,304.64</u>
6j. Total. Add lines 6f through 6i.	6j. <u>\$48,304.64</u>

Fill in this information to identify your case:

Debtor 1	<u>Timothy</u> First Name	<u>Earle</u> Middle Name	<u>Newell</u> Last Name
Debtor 2 (Spouse, if filing)	<u>Christie</u> First Name	<u>Dianne</u> Middle Name	<u>Newell</u> Last Name
United States Bankruptcy Court for the: WESTERN DIST. OF NORTH CAROLINA			
Case number (if known)	_____		

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Fill in this information to identify your case:

Debtor 1	Timothy First Name	Earle Middle Name	Newell Last Name
Debtor 2 (Spouse, if filing)	Christie First Name	Dianne Middle Name	Newell Last Name
United States Bankruptcy Court for the: WESTERN DIST. OF NORTH CAROLINA			
Case number (if known)			<input type="checkbox"/> Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

- 1. Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)
 No
 Yes
- 2. Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
 No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
 No
 Yes
- 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1	Nicholas Rochester Name 200 South Fork Road Number Street		
	Indian Trail City	NC State	28079 ZIP Code
3.2	Nicholas Rochester Name 200 South Fork Road Number Street		
	Indian Trail City	NC State	28079 ZIP Code

Schedule D, line **2.1**

Schedule E/F, line _____

Schedule G, line _____

Pacific Union Financial

Schedule D, line **2.2**

Schedule E/F, line _____

Schedule G, line _____

US Dept. of HUD

Fill in this information to identify your case:

Debtor 1	Timothy First Name	Earle Middle Name	Newell Last Name
Debtor 2 (Spouse, if filing)	Christie First Name	Dianne Middle Name	Newell Last Name
United States Bankruptcy Court for the: WESTERN DIST. OF NORTH CAROLINA			
Case number (if known)			

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Debtor 2 or non-filing spouse

Employed
 Not employed

Employed
 Not employed

Occupation

EMT

Housewife

Employer's name

Union EMS

Employer's address

PO Box 32861

Number Street

Number Street

Charlotte

NC

28232

City

State

Zip Code

State Zip Code

How long employed there? **2 years**

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$2,542.69	\$0.00
3. Estimate and list monthly overtime pay.	3. + \$0.00	\$0.00
4. Calculate gross income. Add line 2 + line 3.	4. \$2,542.69	\$0.00

Debtor 1 **Timothy Earle Newell**
 Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$2,542.69	\$0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$309.83	\$0.00
5b. Mandatory contributions for retirement plans	5b. \$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c. \$152.56	\$0.00
5d. Required repayments of retirement fund loans	5d. \$52.78	\$0.00
5e. Insurance	5e. \$785.20	\$0.00
5f. Domestic support obligations	5f. \$0.00	\$0.00
5g. Union dues	5g. \$0.00	\$0.00
5h. Other deductions. Specify: _____	5h. + \$0.00	\$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$1,300.37	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$1,242.32	\$0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm	8a. \$0.00	\$0.00
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.		
8b. Interest and dividends	8b. \$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c. \$0.00	\$0.00
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		
8d. Unemployment compensation	8d. \$0.00	\$0.00
8e. Social Security	8e. \$0.00	\$0.00
8f. Other government assistance that you regularly receive		
Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		
Specify: _____	8f. \$0.00	\$0.00
8g. Pension or retirement income	8g. \$0.00	\$0.00
8h. Other monthly income. Specify: Part-time EMT/Firefighter	8h. + \$1,500.00	\$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$1,500.00	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$2,742.32	+ \$0.00 = \$2,742.32
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. + \$0.00	\$0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.	12. \$2,742.32	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No. None.		
<input type="checkbox"/> Yes. Explain:		

Fill in this information to identify your case:

Debtor 1	Timothy First Name	Earle Middle Name	Newell Last Name
Debtor 2 (Spouse, if filing)	Christie First Name	Dianne Middle Name	Newell Last Name
United States Bankruptcy Court for the: WESTERN DIST. OF NORTH CAROLINA			
Case number (if known)			

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

No
Do not list Debtor 1 and Debtor 2.

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Son	20	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Son	15	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I).

Your expenses

4. The rental or home ownership expenses for your residence.

Include first mortgage payments and any rent for the ground or lot.

4. \$975.00

If not included in line 4:

4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues

4a. _____
4b. \$53.00
4c. \$50.00
4d. _____

Debtor 1 **Timothy Earle Newell**
 Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Your expenses

5. Additional mortgage payments for your residence , such as home equity loans	5. _____
6. Utilities:	
6a. Electricity, heat, natural gas	6a. _____ \$225.00
6b. Water, sewer, garbage collection	6b. _____ \$100.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. _____ \$50.00
6d. Other. Specify: Cell phones	6d. _____ \$105.00
7. Food and housekeeping supplies	
8. Childcare and children's education costs	
9. Clothing, laundry, and dry cleaning	
10. Personal care products and services	
11. Medical and dental expenses	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	
14. Charitable contributions and religious donations	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. _____
15b. Health insurance	15b. _____
15c. Vehicle insurance	15c. _____ \$106.00
15d. Other insurance. Specify: _____	15d. _____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: vehicle taxes	
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. _____
17b. Car payments for Vehicle 2	17b. _____
17c. Other. Specify: _____	17c. _____
17d. Other. Specify: _____	17d. _____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	
19. Other payments you make to support others who do not live with you. Specify: _____	

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property	20a. _____
20b. Real estate taxes	20b. _____
20c. Property, homeowner's, or renter's insurance	20c. _____
20d. Maintenance, repair, and upkeep expenses	20d. _____
20e. Homeowner's association or condominium dues	20e. _____

21. Other. Specify: _____

21. + _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.	22a. _____ \$2,694.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b. _____
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. _____ \$2,694.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. _____ \$2,742.32
23b. Copy your monthly expenses from line 22c above.	23b. - _____ \$2,694.00
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. _____ \$48.32

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

None.

Fill in this information to identify your case:

Debtor 1	Timothy First Name	Earle Middle Name	Newell Last Name
Debtor 2 (Spouse, if filing)	Christie First Name	Dianne Middle Name	Newell Last Name
United States Bankruptcy Court for the: WESTERN DIST. OF NORTH CAROLINA			
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B.....	\$177,000.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$14,998.35
1c. Copy line 63, Total of all property on Schedule A/B.....	\$191,998.35

Part 2: Summarize Your Liabilities

Your liabilities
Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D.....	\$191,188.70
---	---------------------

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$8,654.70
---	-------------------

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	+	\$48,304.64
--	----------	--------------------

Your total liabilities **\$248,148.04**

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I.....	\$2,742.32
---	-------------------

5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....	\$2,694.00
---	-------------------

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$4,811.33

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:

Total claim

From Part 4 on *Schedule E/F*, copy the following:

9a. Domestic support obligations. (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$8,654.70
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00
9g. Total. Add lines 9a through 9f.	\$8,654.70

Fill in this information to identify your case:

Debtor 1	<u>Timothy</u> First Name	<u>Earle</u> Middle Name	<u>Newell</u> Last Name
Debtor 2 (Spouse, if filing)	<u>Christie</u> First Name	<u>Dianne</u> Middle Name	<u>Newell</u> Last Name
United States Bankruptcy Court for the: WESTERN DIST. OF NORTH CAROLINA			
Case number (if known)	_____		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Timothy Earle Newell

Timothy Earle Newell, Debtor 1

Date 12/13/2018
MM / DD / YYYY

X /s/ Christie Dianne Newell

Christie Dianne Newell, Debtor 2

Date 12/13/2018
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	<u>Timothy</u> First Name	<u>Earle</u> Middle Name	<u>Newell</u> Last Name
Debtor 2 (Spouse, if filing)	<u>Christie</u> First Name	<u>Dianne</u> Middle Name	<u>Newell</u> Last Name
United States Bankruptcy Court for the: WESTERN DIST. OF NORTH CAROLINA			
Case number (if known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1
lived there

Debtor 2:

Dates Debtor 2
lived there

Same as Debtor 1

Same as Debtor 1

3827 Helmsville Road

Number Street

From 12/3/2018

From _____

To Current

To _____

Monroe

NC 28110

City

State ZIP Code

City State ZIP Code

Debtor 1:

Dates Debtor 1
lived there

Debtor 2:

Dates Debtor 2
lived there

Same as Debtor 1

Same as Debtor 1

4006 Secrest Shortcut Road

Number Street

From 2012

From _____

To 12/3/2018

To _____

Monroe

NC 28110

City

State ZIP Code

City State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?

(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No

Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Debtor 1 **Timothy Earle Newell**
 Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

	Debtor 1	Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.
From January 1 of the current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$50,196.00 <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00 <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the last calendar year: (January 1 to December 31, <u>2017</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$49,259.00 <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$12,458.00 <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, <u>2016</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$42,908.00 <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$30,479.00 <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

	Debtor 1	Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.
From January 1 of the current year until the date you filed for bankruptcy:	_____	_____	_____
For the last calendar year: (January 1 to December 31, <u>2017</u>) YYYY	401K withdrawal _____	\$17,066.00 401K withdrawal _____	\$47,957.00 _____
For the calendar year before that: (January 1 to December 31, <u>2016</u>) YYYY	401K withdrawal _____	\$17,739.00 _____	_____

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.

No

Yes. List all payments to an insider.

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No
 Yes. Fill in the details.

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

	Describe the property	Date	Value of the property
Jefferson Capital Systems, LLC Creditor's Name	2013 Ford Escape Utility 4D SE	<u>Sept. 2018</u>	<u>\$7,700.00</u>
PO Box 7999 Number Street	Explain what happened		
	<input checked="" type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
St. Cloud MN 56302-9617 City State ZIP Code	Describe the property	Date	Value of the property
	2008 Dodge Grand Caravan SXT 3.8L (V6)	<u>Sept. 2018</u>	<u>\$3,200.00</u>
P.O. Box 961245 Number Street	Explain what happened		
	<input checked="" type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
Fort Worth TX 76161-1245 City State ZIP Code			
11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill in the details.			
12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.

No
 Yes. Fill in the details.

The Crow Law Firm
Person Who Was Paid

315-B North Main Street
Number Street

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
\$900.00 for this chapter 7 petition.	12/13/2018	\$900.00

Monroe **NC** **28112**
City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No
 Yes. Fill in the details.

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Person Who Received Transfer	Description and value of any property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Haley Edwards 5225 Plyler Mill Road	1998 Jeep Grand Cherokee, \$800.00	Debtor's daughter drove and had possession of vehicle. Debtors transferred vehicle in her name once she became married and had a child.	April 2017
Monroe Number Street	NC 28112		
City	State ZIP Code		
Person's relationship to you	Daughter		
Don's Auto Parts, Inc. Person Who Received Transfer	Description and value of any property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
9001 Stitt Street Number Street	1992 Chevrolet Silverado, not running, needed new transmission, value was approximately what it was scrapped for which was \$200.00.	\$200.00 for it to be scrapped.	July, 2018
Monroe Number Street	NC 28112		
City	State ZIP Code		
Person's relationship to you	Buyer		

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No

Yes. Fill in the details.

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

Yes. Fill in the details.

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No
 Yes. Fill in the details.

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ***Environmental law*** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ***Site*** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ***Hazardous material*** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details.

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Timothy Earle Newell
Timothy Earle Newell, Debtor 1

X /s/ Christie Dianne Newell
Christie Dianne Newell, Debtor 2

Date 12/13/2018

Date 12/13/2018

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:			
Debtor 1	Timothy First Name	Earle Middle Name	Newell Last Name
Debtor 2 (Spouse, if filing)	Christie First Name	Dianne Middle Name	Newell Last Name
United States Bankruptcy Court for the: WESTERN DIST. OF NORTH CAROLINA			
Case number (if known)			<input type="checkbox"/> Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Hold Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

Creditor's name: **Pacific Union Financial**

- Surrender the property.
- Retain the property and redeem it.
- Retain the property and enter into a *Reaffirmation Agreement*.
- Retain the property and [explain]:

No
 Yes

Description of property securing debt: **4006 Secret Shortcut Road, Monroe, NC 28110**

Creditor's name: **US Dept. of HUD**

- Surrender the property.
- Retain the property and redeem it.
- Retain the property and enter into a *Reaffirmation Agreement*.
- Retain the property and [explain]:

No
 Yes

Description of property securing debt: **Second mortgage on residence**

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

None.

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and personal property that is subject to an unexpired lease.

X /s/ Timothy Earle Newell
Timothy Earle Newell, Debtor 1

X /s/ Christie Dianne Newell
Christie Dianne Newell, Debtor 2

Date **12/13/2018**
MM / DD / YYYY

Date **12/13/2018**
MM / DD / YYYY

CERTIFICATE OF SERVICE

I, the below signed, do hereby certify that a true and correct copy of the foregoing Statement of Intention for Individuals Filing Under Chapter 7 was mailed or otherwise served to the Chapter 7 Trustee, the secured creditors as listed on Schedule D, the United States Trustee and/or to any other interested parties as may be required by B.R. 1007 and applicable local bankruptcy rules.

Date **12/13/2018**

/s/ Marcus D. Crow
Marcus D. Crow

Fill in this information to identify your case:

Debtor 1	Timothy First Name	Earle Middle Name	Newell Last Name
Debtor 2 (Spouse, if filing)	Christie First Name	Dianne Middle Name	Newell Last Name
United States Bankruptcy Court for the: WESTERN DIST. OF NORTH CAROLINA			
Case number (if known)			

Check one box only as directed in this form and in Form 122A-1Supp:

1. There is no presumption of abuse.

2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).

3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

Married and your spouse is NOT filing with you. You and your spouse are:

Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$4,811.33	\$0.00
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$0.00	\$0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$0.00	\$0.00

Debtor 1 **Timothy Earle Newell**
 Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Column A
Debtor 1

Column B
**Debtor 2 or
 non-filing spouse**

5. Net income from operating a business, profession, or farm

	Debtor 1	Debtor 2	
Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>	
Ordinary and necessary operating expenses	<u>\$0.00</u>	<u>\$0.00</u>	
Net monthly income from a business, profession, or farm	<u>\$0.00</u>	<u>\$0.00</u>	Copy here → <u>\$0.00</u> <u>\$0.00</u>

6. Net income from rental and other real property

	Debtor 1	Debtor 2	
Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>	
Ordinary and necessary operating expenses	<u>\$0.00</u>	<u>\$0.00</u>	
Net monthly income from rental or other real property	<u>\$0.00</u>	<u>\$0.00</u>	Copy here → <u>\$0.00</u> <u>\$0.00</u>

7. Interest, dividends, and royalties

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ↓

For you..... **\$0.00**

For your spouse..... **\$0.00**

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. **\$0.00** **\$0.00**

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

Total amounts from separate pages, if any.

+ _____ + _____

11. Calculate your total current monthly income.

Add lines 2 through 10 for each column.

Then add the total for Column A to the total for Column B.

\$4,811.33 + **\$0.00** = **\$4,811.33**

Total current monthly income

Debtor 1 **Timothy Earle Newell**
Debtor 2 **Christie Dianne Newell**

Case number (if known) _____

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11.....**Copy line 11 here ➔ 12a.** **\$4,811.33**
Multiply by 12 (the number of months in a year). **X 12**
12b. The result is your annual income for this part of the form. **12b. \$57,735.96**

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

North Carolina

Fill in the number of people in your household.

4

Fill in the median family income for your state and size of household..... **13. \$82,994.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*
Go to Part 3.
14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*
Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Timothy Earle Newell

Timothy Earle Newell, Debtor 1

Date 12/13/2018

MM / DD / YYYY

X /s/ Christie Dianne Newell

Christie Dianne Newell, Debtor 2

Date 12/13/2018

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

Chapter 7: Liquidation

\$245	filing fee
\$75	administrative fee
+	\$15 trustee surcharge
<hr/>	
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liquidation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form--sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167	filings fee
+	\$550 administrative fee
<hr/>	
\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+	\$75 administrative fee
<hr/>	
\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+	\$75 administrative fee
<hr/>	
\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

A married couple may file a bankruptcy case together--called a *joint* case. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NORTH CAROLINA
CHARLOTTE DIVISION

In re **Timothy Earle Newell**
Christie Dianne Newell

Case No. _____

Chapter **7** _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$900.00
Prior to the filing of this statement I have received.....	\$900.00
Balance Due.....	\$0.00

2. The source of the compensation paid to me was:

Debtor Other (specify)

3. The source of compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

12/13/2018

Date

/s/ Marcus D. Crow

Marcus D. Crow

Crow Law Firm

315 B North Main Street

Monroe, NC 28112

Phone: (704) 283-1175 / Fax: (704) 226-0488

Bar No. 27774

/s/ Timothy Earle Newell

Timothy Earle Newell

/s/ Christie Dianne Newell

Christie Dianne Newell

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NORTH CAROLINA
CHARLOTTE DIVISION

IN RE: **Timothy Earle Newell**
Christie Dianne Newell

CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 12/13/2018

Signature */s/ Timothy Earle Newell*
Timothy Earle Newell

Date 12/13/2018

Signature */s/ Christie Dianne Newell*
Christie Dianne Newell

/s/ Marcus D. Crow
Marcus D. Crow
27774
Crow Law Firm
315 B North Main Street
Monroe, NC 28112
(704) 283-1175

Al I vac Savi ngs and Credi t Uni on
2020 Ashcr aft Avenue
Mbnroe, NC 28110

Car ol i nes Heal thcar e- Uni on
PO Box 5003
Mbnroe, NC 28111-5003

H&R Account s
5320 22nd Avenue
Mbl i ne, IL 61265

AT&T Mbbi lity
c/o Karen Cavagnaro, Lead Par al
One AT&T Way, Suite 3A104
Bedm i nster, NJ 07921

Car ol i nes Physi ci ans Net work
PO Box 70826
Char lott e, NC 28272-0826

HSBC Bank USA/ Bowflex
c/o Resurgent Capital Services
PO Box 19008
Greenvi lle, SC 29602

At ri um Heal thcar e Syst em
P. O. Box 32861
Char lott e, NC 28232-2816

Char lott e Radi ol ogy
P. O. Box 30488
Char lott e, NC 28230-0488

I. C. Syst em I nc.
444 East Highway 96
P. O. Box 64886
Sai nt Paul, MN 55164-0886

Brock & Scott PLLC
5431 Cleander Dr, Ste 200
Wl mi ngt on, NC 28403

Ci ty of Mbnroe Tax
P. O. Box 69
Mbnroe, NC 28111-0069

In stride Foot and Ankle of Carol
1630 Campus Park Dr # A
Mbnroe, NC 28112

Car ol i na Cooper ati ve Credi t Uni
6502 Mc Mahon Drive
Char lott e, NC 28226

Dove Internal Medi ci ne
PO Box 70826
Char lott e, NC 28272

Internal Revenue Ser vi ce
Central i zed Insol vency Oper ati on
PO Box 7346
Phi ladel phi a, PA 19101-7346

Car ol i na Neurosur ger y & Spine
225 Bal dwi n Ave.
Char lott e, NC 28204

Enhanced Recovery Company, LLC
8014 Bayberry Rd.
Jacksonville, FL 32256-7412

I PC of North Car ol i na
PO Box 513719
Los Angel es, CA 90051

Car ol i na Pat hol ogy Group
1000 Bl ythe Bl vd
Char lott e, NC 28203-5812

Equi fax Credi t Inf. Ser v., I nc
P. O. Box 740241
At lant a, GA 30374

Jefferson Capital Syst ems, LLC
PO Box 7999
St. Cl oud, MN 56302-9617

Car ol i nes Heal thcar e Syst em Fac
PO Box 32861
Char lott e, NC 28232

Experi an, I nc.
P. O. Box 9701
Ali en, TX 75013

Koss Li eberman & St one
PO Box 565
Mbr ri sville, NC 27560

Car ol i nes Heal thcar e Syst em Fac
P. O. Box 32861
Char lott e, NC 28232-2816

Fi nanci al Dat a Syst ems, LLC
PO Box 688
W i ghtsville Beach, NC 28480

Meckl enbur g Radi ol ogy Associ ati on
P. O. Box 221249
Char lott e, NC 28222-1249

Car ol i nes Heal thcar e Syst em Pi
PO Box 32861
Char lott e, NC 28232

Front i er Communi cat i ons
19 John Street
M ddl et own, NY 10940

Medi credi t
PO Box 1629
Mar yl and Hei ghts, MO 63043

NC Dept . of Revenue
Bankruptcy Unit
PO Box 1168
Raleigh, NC 27602-1168

SCA Collections
PO Box 876
Greenville, NC 27835

Union County Tax Collector
P. O. Box 38
Monroe, NC 28111-0038

NC Dept . of Revenue
Bankruptcy Unit, Dept of Revenue
PO Box 1168
Raleigh, NC 27602-1168

Sports Medicine & Injury Care
PO Box 70826
Charlotte, NC 28272

Union Pulmonary and Sleep
1550 Faulk St., Suite 3120
Monroe, NC 28112

Nicholas Rochester
200 South Fork Road
Indian Trail, NC 28079

Sprint
PO Box 8077
London, KY 40742

Union Pulmonary and Sleep Special
PO Box 70826
Charlotte, NC 28272

Novad Management Consulting
Attn: Bankruptcy Department
2401 NW 23rd Street, Suite 1A1
Oklahoma City, OK 73107

Sprint Bankruptcy Dept.
404 Brock Dr.
Blomington, IL 61701

Urgent Care- Union West
6030 W Highway 74, Suite A
Indian Trail, NC 28079

Optimum Outcomes
PO Box 58015
Raleigh, NC 27658

Stern Recovery Services, Inc.
415 N. Edgeworth St., Ste. 210
Greensboro, NC 27401

US Dept . of HUD
451 7th Street SW
Washington, DC 20410

Pacific Union Financial
Bankruptcy Department
1603 LBJ FWY, Suite 500
Farmers Branch, TX 75234

Surgical Specialists of Charlotte
PO Box 33369
Charlotte, NC 28233

Verizon Wireless
c/o American Infosource, LP
4515 N. Santa Fe Ave.
Oklahoma City, OK 73118

Paragon Revenue Group
216 Le Phillip Court
Concord, NC 28025

Surgical Specialists of Charlotte
1918 Randolph Rd, Ste 130
Charlotte, NC 28207

PMAB, Inc.
P. O. Box 12150
Charlotte, NC 28220

The Charlotte-Meck Hosp. Auth.
PO Box 71108
Charlotte, NC 28272-1108

Receivable Performance Management
20816 44th Avenue W
Suite 100
Lynnwood, WA 98036

The Sanger Clinic
PO Box 70826
Charlotte, NC 28272

Santander Consumer USA Inc.
P. O. Box 961245
Fort Worth, TX 76161-1245

Trans Union
P. O. Box 1000
Chestertown, PA 19022